

PSJ3
Exhibit 122

**Endo Pharmaceuticals Inc.**

PER # 01050

Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 156
 Title: Clinical Development and Education Manager

Therapeutic Category: Pain Management

cc: Legal

Institution/OrganizationProgram:

Name: American Academy of Pain Medicine
 Attn: Kathryn M. Checea
 Address: 4700 West Lake Avenue
 Glenview, IL 60025-1485

Scientific/Educational
 Activity:

Tax ID: 36-3874208

Location:

Coordinator:

Name: Kathryn M. Checea

Title: Program Coordinator

Type:

Phone: (847) 375-4765

Fax: (847) 375-4777

Check payable to: American Academy of Pain Medicine

Audience Size:

Notes: CE agreement attached. Please send check
 via Airborne Express to arrive by 2/14.
 Thank you!

Composition:

| Expenses: | Hotel: | Meals: | Ground: | Air: | Other: | Total: |
|--------------|--------|--------|---------|------|--------|--------|
| Estimated: | | | | | | |
| Actual: | | | | | | |
| Explanation: | | | | | | |

| Payments: | Estimated: | Actual: | Pay Date: | Invoice #: |
|-----------|-----------------|----------|-----------|------------|
| Grant: | \$15,000 | \$15,000 | | |
| | Total Payments: | \$15,000 | | |

Funding Sources: Charge Code: 20010-662100

Total Funding: \$15,000

Eileen M. Provost _____

Louis J. Vollmer _____

Carol A. Ammon _____

Jeffrey R. Black _____